



**VOLUNTEER INFORMATION FORM
GEORGIA TRANSPLANT FOUNDATION**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Please check one:

- Donor Family Living Donor General Volunteer/Other
- Recipient (If so, what type?): _____

When and where did you receive your transplant? _____

- Recipient family member (relationship and type of transplant): _____
- Waiting for a transplant (type?): _____

Volunteer activities you are interested in (check only those that apply):

- I am interested in participating in health fairs
- I am interested in participating in fundraising events and/or on an event planning committee
- I want to help with office duties (database entry, filling, mailings, stuffing goodie bags, etc.)
- I want to help write for GTF's Imprint Magazine (published bi-annually)
- I am comfortable participating in media interviews

I am most likely to attend volunteer meetings/events in the following area:

- Albany Athens Columbus
- Augusta Macon Savannah
- Rome Atlanta NE Georgia/Gainesville

Availability (check all those that apply):

- Weekday Mornings Weekday Afternoons Weekday Evenings Weekends

How far are you willing to drive round-trip?

- I am not able to drive Less than 20 miles
- 20 – 50 miles More than 50 miles